

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PG4795/USFirst Named Inventor:
**Thomas William
BAILEY**Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR MAKING A TABLET PRODUCT

The specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on **03 April 2003** as United States application Serial No. _____ or PCT InternationalApplication Number **PCT/GB03/01448** filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0207767.5	GB	04 April 2002	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

DECLARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PG4795/US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED


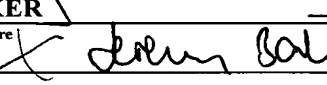
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

James Riek
919 483 8022

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1-00 2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BAILEY	FIRST GIVEN NAME Thomas	SECOND GIVEN NAME/INITIAL William
	INVENTOR'S SIGNATURE	Signature 		Date: 26 MARCH 2004
	RESIDENCE & CITIZENSHIP	CITY Coventry GBX	STATE OR FOREIGN COUNTRY West Midlands, GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2-00 2 0 2	FULL NAME OF INVENTOR	FAMILY NAME BAKER	FIRST GIVEN NAME Jeremy	SECOND GIVEN NAME/INITIAL Keith
	INVENTOR'S SIGNATURE	Signature 		Date: 26 MARCH 2004
	RESIDENCE & CITIZENSHIP	CITY Coventry GBX	STATE OR FOREIGN COUNTRY West Midlands, GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME SELF	FIRST GIVEN NAME Roger	SECOND GIVEN NAME/INITIAL Don
	INVENTOR'S SIGNATURE	Signature		Date
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME SCHERZER	FIRST GIVEN NAME Raymond	SECOND GIVEN NAME/INITIAL Herbert
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Alan	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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Address all correspondence and telephone calls to Customer Number 23347			Direct Telephone Calls to: James Riek 919 483 8022	
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	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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	INVENTOR'S SIGNATURE	Signature		Date:
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	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		BAILEY	Thomas	William
0	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Coventry	West Midlands, GB	GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		BAKER	Jeremy	Keith
0	INVENTOR'S SIGNATURE	Signature		Date:
2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Coventry	West Midlands, GB	GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		SELF	Roger	Don
0	INVENTOR'S SIGNATURE	Signature		Date:
3	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Ware	Hertfordshire, GB	GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		SCHERZER	Raymond	Herbert
0	INVENTOR'S SIGNATURE	Signature		Date:
4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC, US	US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Alan	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

500

2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Alan	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature 	Date	07 Apr 04
0	RESIDENCE & CITIZENSHIP	CITY Ware GBx	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US